When this form is completely filled out
use Preventive Medicine Services Code:

99384—New Patient (ages 15-17),
99385—New Patient (ages 18-20),

99394—Established patient (ages 15-17)
99395—Established patient (ages 18-20)

| 15 | 20 | Y |

EPSDT Screening Date [ ] [ ] / [ ] [ ] / 2 0 0 [ ]

Member ID# [ ] [ ] [ ] — [ ] [ ] — [ ] [ ] [ ] [ ]

15 to 20 Year Visit

Name _____ Birth Date _____ Historian _____

Age _____ Allergies _____ Medications_____

Weight _____lbs Length _____inches BP _____ Temp. _____T O

History Update
Changes in your family history?
No Yes

_____
Have you had any new problems or illnesses
since the last visit?   No Yes

_____
FH heart disease < 55   No Yes
FH ↑ cholesterol   No Yes

Problems / Concerns

_____

_____

Nutrition
Low fat milk ?   yes   no
Variety of fruits/vegetables?   yes   no
Eats breakfast?   yes   no
Eats supper with family?   yes   no

Hearing (age 14 and every 5 years if nl)
Hearing screen   pass   fail
 date _____

Vision: (test every two years)
L near 20/ _____ far 20/ _____

R near 20/ _____ far 20/ _____
❑ Wears glasses, sees eye specialist

School   Grade _____
Problems?   Yes   No

_____

_____

TB Risk Factors   yes   no
(see separate form)
 IPPD result _____

Lab Tests
Hgb_____
 At age 15 or if risk factors
Cholesterol _____
Every 5 years if risk factors & previously
normal.
Urinalysis (at age 15 or if risk factors)
❑   see back for results
❑   STD screening, PAP (see back)

Physical Exam (UNCLOTHED Yes No)   ✓ = NL   X = ABNL
General   ❑
Head   ❑
Neck   ❑
Eyes   ❑
Ears   ❑
Nose   ❑
Throat/Mouth/Teeth ❑
Chest   ❑
   Breasts/Tanner Stage _____
Lungs   ❑
Heart   ❑
Abdomen   ❑
Femoral Pulses   ❑
Genitalia /Tanner Stage _____
   Female   ❑
   Male   ❑
Extremities   ❑
Spine   ❑
Skin   ❑
Neuro   ❑
Pelvic   ❑

Safety
❑   Smoke detectors
❑   Driving and automobile safety
❑   Bike safety, helmets
❑   Swimming, water safety
❑   Firearm safety
❑   Sunburn prevention, tanning beds

Health/Nutrition
❑   Healthy food choices, Ca++ intake
❑   Concerns about weight, body image
❑   Periods (girls) LMP _____
❑   Breast/Testicular Self Exam
❑   Acne
❑   Encourage sports, exercise
❑   Sports form attached   yes   no

Social/Behavioral
❑   School adjustment, performance
❑   Plans for work and further education
❑   Friends and fun
❑   Tobacco use
❑   Drug and alcohol use
❑   Boy or girl friends
❑   Abstinence, birth control
❑   STDs
❑   Family relationships
❑   **Developmental/Behavioral
    Screen (see separate
    form)**

Impression
❑   Well Adolescent, normal growth
     and development

❑   _____

❑   _____

Plan/Referrals
❑   Immunizations current   yes   no
❑   Meningococcal vaccine, Adult dT
❑   RTC at _____ years
❑
❑   See dentist _____

❑   Handouts _____

❑   _____

❑   _____

❑   _____

_____M.D. / P.N.P.
❑   See back for additional documentation

Provider ID# [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]